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INSTRUCTIONS; This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

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66811	7590 03/26	/2007					ssion
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CINCAGO, IL C	30000						(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	}	ATTORNEY DOCKET N	IO: (	CONFIRMATION NO.
10/632,053 07/31/2003 Jamshid Ashourian 006943.00116 9963 TITLE OF INVENTION: STABILIZED MILK PRODUCT CONTAINING JUICE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL FEE(S)	DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000		06/26/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
WONG, LESLIE A		1761	426-580000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
PEPSICO, INC. Purchase, NY							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 😾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted:			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).				
NOTE: The Issue Fee an	ns SMALL ENTITY state	ıs. See 37 CFR 1.27.	b. Applicant is no lor				
		( selle		Date Apr	il 20, 2007		
Authorized Signature  Typed or printed nam		lolffe (		Registration N			
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